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Effective on 12/08/2004.				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/518,			)60			
FEE TRANSMITTAL				Filing Date		June 9, 2	2005			
For FY 2008				First Named Inventor Lutz L		Lutz Lehi	Lehmann			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				Examiner Name Kua L			ang Peng			
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 180.00				Art Unit 1712						
TOTAL AMOUNT OF PAY		Attorney Docket	No.	H000740	408.90806 USA CIP3					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
✓ Charge fee(s) indicated below										
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments										
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
Information and authorization	on PTO-2038	3.								
FEE CALCULATION	2011 1112									
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES										
. Application Type		Small Entity		Small Entity		Small	Entity	Foos I	Paid (\$)	
Utility	310		<u>ee (\$)</u> 10		<u>Fee</u> 210		<u>&gt; (\$)</u> \c	10031	210 (4)	
•				255			_			
Design	210		00	50	130	•	55			
Plant	210		10	155	160		30			
Reissue	310		10	255	620		10			
Provisional	210	105	0	0	C	1	0	Small Entil		
2. EXCESS CLAIM FEES Small Fee (\$) Fee (\$)									X	
Each claim over 20 (including Reissues)							50 25		1	
Each independent claim over 3 (including Reissues)							210 105			
Multiple dependent claims							370 185			
<del></del>	Total Claims						Multiple Dependent Claims Fee (\$) Fee Paid (\$)			
- 20 or HP = HP = highest number of total		or, if greater than 20.				į	Fee (\$)	ree Pa	110 (\$)	
Indep. Claims	Extra Clai	ms Fee (\$)	~	Paid (\$)			···········			
- 3 or HP = HP = highest number of inde	nendent claim	x =	3	·						
3. APPLICATION SIZE		is paid for, if greater them	<b>J</b> .							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50										
		), the application size 35 U.S.C. 41(a)(1)				small er	itity) for ea	ach additi	ional 50	
Total Sheets - 100 =	Extra She	ets Number of	f each	additional 50 or (round up to a w	fraction	n thereof	Fee (\$	i) <u>Fe</u>	e Paid (\$)	
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)										
Other (e.g., late filing surcharge): Information Disclosure Statement 180.00										
SUBMITTED BY										
ignature	/ Will A A A A A A Registration No						Telephone 949-224-6282			
lame (Print/Type) \$andra P. Thompson Date 4930 04-15-2								15-2008		
		CER 1 136. The information					a aublia udiah			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.